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REISSUE PATENT APPLICATION TRANSMITTAL

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	Attorney Docker Nu. 27/150	00
Adoress to:	For Named Inventor Solomo	
Assistant Commissioner for Patente Box Patent Application Washington, DC 20231	Onginal Parent Number 5,688,6	5
	Original Patant Issue Date 11/18/9	
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APPLICATION FOR REISSUE OF: (Check approache pox) X Usuny I	Palent Design Palent	Plant Patent
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION	M A A OTA
Y (Submit an original, and a duplicate for fee processing)	7. Fureign Priority Claim (35 (J.S.C. 115	
Specification and Claims (amended, 3 appropriate)	g. Information Displosure	Copies of IDS Citations
Drawing(s) (proposed amendments, if appropriate)	9. English Translation of Reissue O49VI	
Release Oath / Declaration (unique) or copy) (37 C.F.R. § 1.175)/PTO/S&51 or 52)	10. Statement(e) Statement Red in	prior application
≣S — Original U.S. Petent □ — Offer to Surrender Original Patent (37 С F.R & 1, 178) .X: . (РТО/SBSS or РТО/SBSS)	11. X Proliminary Amendment	- Euc ossisd
Ribbonod Original Parent Grant	12. X Return Receipt Postcard (MPEP 503)	•
Affidavit / Declaration of Loss (PTO/S&25)	13. Other:	·
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Written Consent of all Assignees (PTO/SB/R3 or 54)		
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14. CORRESPONDENC	EADDRESS	
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Signature	Care IM NOV	~aa

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Office: The Papernork Reduction Act of 1995, no parachalane required to respond to a collection of information unless & utilities a valid OMB covarial number. REISSUE APPLICATION FEE TRANSMITTAL FORM Docket Number (Optional) 27/150 Claims as Filed - Part 1 Cla-ms in (3)Number Filed in Smell Entity Other than a Small Entry Patent For Reissue Application Number Extre Rete Fee Rate Fee (4) 4 **Total Claims** 87 83 (37 CFR 1.1 (G)) 747 (C) 91 24 39 Chine (37 CFR 1.18(1)) 936 Basic Fee (37 CFR 1.16(h)) £380 Total Filing Fee **520**63 OR Cigims as Amended - Part 2 (1) Claims Remaining After Amenoment Highest Number Small Entry Other than a Small Entity Previously Pald For Chime Rete Prosent Fee Rate Total Cialma MINUS (37 CFR 1 18(I)) Independent 01 Ctions (37 CFR 1.160) MINUS x S Total Additional Fee \$ OR \$ " If the entry in (D) is less than the entry in (C), Write "O" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. After any exneelation of daims "" If "A" is greater than 20, use (B -A); If "A" is 20 or less, use (B - 20). "Highest Number of Independent Claims Previously Paid For or Number of Independent Claims in Patent (C) Please charge Deposit Account No. 06-2140 In the amount of \$2063 -A durificate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which A duplicate copy of this sheet is enclosed. A check in the amount of \$ ___ to cover the filling / additional fee is enclosed. Nov. 14, 1999 Dato Signature of Applicant, Attorney or Agent of Record Mark Friedman Typed or printed name

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